

THE UNITED STATES DISTRICT COURT

THE SOUTHERN DISTRICT OF NEW YORK

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2018 SEP 14 PM 4:28

Shawn July
(Plaintiff)

v.

Civil No.

18CV8431

1. New York City/ New York City Police Dept. (Queens Borough)
2. Officer Pizarro
3. Unnamed Police Officer
4. Unnamed Police Officer
5. Unnamed Police Officer
6. Assistant District Attorney: George Farrugia
7. Vernon C. Bain Center
8. Warden Saunders
9. CO Alasan Henery
10. CO Wallace
11. CO Arias
12. CO Lamar
13. CO Cai
14. Captain Vismale
15. Captain Santos
16. Captain Norton

CIVIL COMPLAINT

JURY TRIAL DEMANDED

All Individuals are Sued in
their Individual Capacities.

TO BE FILED UNDER: X ~~42~~ U.S.C. §1983-STATE OFFICIALS
28 U.S.C. §1983-FEDERAL OFFICIALS

I. JURISDICTION

1. This is a civil action authorized by 42 U.S.C. Section 1983 to redress deprivation, under state law secured by the Constitution of the United States. This Court has jurisdiction under 28 U.S.C. Section 1331 and 1343(a)(3). This Court also has supplemental jurisdiction of Plaintiff's state law claims under 28 U.S.C. Section 1367.
2. The United States District Court for the Southern District of New York is the appropriate venue under 28 U.S.C. Section 1391 (b)(2) because it is where the events giving rise to these claims occurred.

II. PLAINTIFF

1. Plaintiff, Shawn July, is currently incarcerated in ~~NEW JERSEY STATE PRISON, TRENTON, NEW JERSEY~~

Plaintiff was at all times mentioned herein a resident/citizen of New Jersey and/or was incarcerated in the Vernon C. Bain Center (VCBC) in New York City.

III. DEFENDANTS

1. Defendant, New York City (NYC), at all times mentioned herein is/was the Municipality responsible for the policymaking and for the delegation of powers/duties to its Political Sub-Division the NYC (Queens Borough) Police Department (NYPD) and is also responsible for the management/supervision of the NYPD and any employee within that acts under the color its authority or color of state law, and is responsible for the care and safety of the citizens of NYC and any Borough, Township, or Municipalities that are within its jurisdiction, and at all times mentioned herein this complaint acted under the color of state law and are liable for the claims averred against it.
2. Defendant, NYPD, and at all times mentioned herein is/was the political sub-division responsible for the policymaking and supervision of its law enforcement officials, and directly responsible for the care, custody, and safety of the citizens of NYC, Queens Borough jurisdiction, and is then at all times mentioned herein this complaint acted under the color of state law and is liable for the claims averred against it.
3. Defendant, Police Officer (P/O) Pizzaro, at all times mentioned herein acted as a police officer for the Queens Borough NYPD, under the color of state law, and at all times mentioned in this complaint is responsible for the claims averred against him.
4. Defendant, Unnamed Police Officer (UN P/O), at all times mentioned herein this complaint acted as a police officer for the Queens Borough NYPD, under the color of state law, and at all times mentioned herein this complaint is responsible for the claims averred against him.
5. Defendant, Unnamed Police Officer (UN P/O2), at all times mentioned herein acted as a police officer for the Queens Borough NYPD, under the color of state law, and all times mentioned herein this complaint is responsible for the claims averred against him.
6. Defendant, Unnamed Police Officer (UN P/O3), at all times mentioned herein acted as a police officer for the Queens Borough NYPD, under the color of state law, and at all times mentioned herein this complaint is responsible for the claims averred against him.

7. Defendant, Unnamed Police Officer (UN P/O4), at all times mentioned herein acted as a Police Officer for the Queens Borough NYPD, under the color of state law, and at all times mentioned herein this complaint is responsible for the claims averred against him
8. Defendant, George Farrugia, Assistant District Attorney, (ADA), at all times mentioned herein acted as the ADA for NYC, and acted under the color of state law, and at all times mentioned herein this complaint is responsible for the claims averred against him.
9. Defendant, Vernon C. Bain Center (VCBC), at all times mentioned herein is/was the municipality/prison responsible for the care, custody, and safety of Plaintiff in 2015, and is responsible for the supervision and policymaking of its facility. It is also responsible for the acts of its employees within and under its direct supervision/authority, and at all times mentioned herein this complaint acted under the color of state law and is responsible for any claims averred against it.
10. Defendant, Warden Saunders, at all times mentioned herein acted as the Warden for the VCBC, under the color of state law. Defendant is therefore liable for any deprivation of the Plaintiff's rights, and is therefore liable for all claims averred against herein.
11. Defendant, Correctional Officer (CO) Alasan Henery, at all times mentioned herein acted as a CO for the VCBC and therefore was acting under the color of state law when ensuring the care, custody, and control of Plaintiff in 2015, and is liable for any deprivation of Plaintiff's rights and is liable for any claims averred against him herein.
12. Defendant, CO Wallace, at all times mentioned herein acted as a CO for the VCBC and therefore was acting under the color of state law when ensuring the care, custody, and control of Plaintiff in 2015, and is therefore liable for all claims averred against him herein this complaint.
13. Defendant, CO Arias, at all times mentioned herein acted as a CO for the VCBC and therefore was acting under the color of state law when ensuring the care, custody, and control of Plaintiff in 2015, and is therefore liable for all claims averred against him herein this complaint.
14. Defendant, CO Lamar, at all times mentioned herein acted as a CO for the VCBC and therefore was acting under the color of state law when ensuring the care, custody, and control of Plaintiff in 2015, and is therefore liable for all claims averred against him herein this complaint.

15. Defendant, CO Cai, at all times mentioned herein acted as a CO for the VCBC and therefore was acting under the color of state law when ensuring the care, custody, and control of Plaintiff in 2015, and is therefore liable for all claims averred against him herein this complaint.
16. Defendant, Captain (Cpt.) Vismale, at all times mentioned herein acted as a Supervisor for the VCBC, and overseen, condoned, authorized, and/or aided the misconducts of the VCBC's CO's, and acted under the color of state law, there for making them responsible for all claims averred against them in this complaint.
17. Defendant, Cpt. Santos, at all times mentioned herein acted as a Supervisor for the VCBC, and overseen, condoned, authorized, and/or aided the misconducts of the VCBC's CO's, and acted under the color of state law, therefore making them responsible for claims averred against them in this complaint
18. Defendant, Cpt. Norton, at all times mentioned herein acted as a Supervisor for the VCBC, and overseen, condoned, authorized and/or aided the misconducts of the VCBC's CO's, and acted under the color of state law, therefore making them responsible for any claims averred against them herein this complaint.

IV. FACTS

1. On May 9th, 1999, plaintiff was visiting a friend in NYC.
2. While visiting this friend law enforcement official showed up and knocked on the door, in which, plaintiff's friend answered the door.
3. Upon answering the door the police rushed in (P/O Pizzaro and at least 3 other officers) and told everyone not to move.
4. The officers then proceeded to inform everyone that they were there because they received information that plaintiff and his friends could give them information relating to a crime that allegedly took place some days earlier.
5. While the officers were in the home they searched everyone and looked around, in which, they found a small amount of drugs on plaintiff's friend.
6. It is important to note that the plaintiff's friend took full responsibility for the drugs found on her and later in another area of the home.
7. It is also important to note that plaintiff's friend advised officer Pizzaro and the other officers that the drugs were hers and no one else knew anything about them.
8. At that time the officers then told plaintiff and another individual that they had to come with them to the station for questioning and that they were not worried about the drugs.

9. The plaintiff and the other individual were then taken to the Queens Borough police precinct for questioning.
10. Then for a good portion of the day the plaintiff was questioned about the alleged crime that had occurred days previous.
11. During questioning the plaintiff insisted that he knew nothing of the crime as he was not even in the State of NY on the day in question. Pizarro then told plaintiff that, "if he did not help him, he was going to charge him with the drugs they had found on his friend." Plaintiff told Pizarro that, "he could not do that", in which, Pizarro stated, "he will do what he wants if plaintiff does not help him."
12. Plaintiff was then taken to a detainment area with the fact that he did not know what was going to happen, but didn't believe the officer would actually do what he said.
13. It ended up that plaintiff was detained for (72) hours, in which, at the end of that time he was taken in front of a judge where he was then charged with the alleged drugs as Pizarro promised. (Ex. 1)
14. Plaintiff subsequently posted bail and was released, in which plaintiff immediately returned to New Jersey.
15. On May 14th, 1999, plaintiff was arrested for charges in NJ.
16. Plaintiff subsequently was convicted of the NJ charges and was sentenced to (20) years in prison.
17. While plaintiff was serving his NJ time, the State of NY, District Attorney's Office, lodged a detainer against plaintiff for the 1999 charges placed constructive custody over him.
18. On May 5th, 2015, after plaintiff filed an IAD Motion to be transferred back to NY to settle the 1999 charges via ATA did ADA George Farrugia issue a writ for plaintiff. (Exh. 2, 4 pages.)
19. Plaintiff was detained/incarcerated in the Vernon C. Bain (VCBC) after arriving back in NY's custody.
20. While incarcerated at VCBC plaintiff suffered and sustained personal injuries due to excessive force being used by CO's (Henery, Wallace, Lamar, Arias, and Cai).
21. On September 16th, 2015, at 6:40pm, the E.S.U. members conducted a search of 1B-B Unit where plaintiff was housed.
22. During this search another inmate had an argument with search members in which members of the search unit had released a chemical agent(MK9) spray on the inmate and on the block.
23. The chemical agent being used caused irritation to the plaintiff's throat, eyes, and skin, and caused him to violently cough and raise his hands to his mouth. E.S.U. members (the CO defendants) then assaulted plaintiff for his coughing and covering of his mouth.

24. It is important to note that the write up plaintiff later received (for assault) was dismissed for him being found not guilty. (Exh.3, dismissal of charges).
25. Plaintiff avers that CO's Henery and Cai deliberately and maliciously sprayed plaintiff multiple times with the sprayin agent when he was not at fault, was compliant, and cooperative the whole time. Plaintiff layed down immediately when told do so. (Exh.4, plaintiff's grievance).
26. It is important to note that plaintiff's grievance was never addressed or responded to denying his redress.
27. After being sprayed with the chemicals the CO defendants did not (as required by policy) take him to wash the agent off, but instead took him to an intake cell where they threw him into it and left him there for hours leaving the agent burn his skin, eyes, and throat.
28. CO defendants then came back in which they then placed plaintiff in mechanical restraints for no reason and cuffed him.
29. While being placed in the restraints, and due to being injured, did plaintiff have to be admitted or see medical for injuries sustained from the chemical agent and the officers attempting to break his wrist while restrained. (Exh.5, medical report documenting injuries, 5pgs.).
30. Plaintiff avers that while being placed in the restraints and being cuffed, did CO's Wallace, Henery, Lamar, Arias, and Cai try to break plaintiff wrist for no reason and acted maliciously.
31. It is important to note that plaintiff filed a Personal Injury Report in which, again, he received no response and was denied redress. (Exh.6, Personal Injury Claim, 5 pgs.)
32. Plaintiff avers that due to CO defendants actions -authorized by Cpt. Vismale- did plaintiff suffer damage to his eyes, throat, skin, and wrist.
33. Plaintiff had to be given a topical treatment cream for his skin due to the chemical agent being left on him so long and the amount of it used. Plaintiff also suffered a sprained wrist and was scheduled for x-rays and an MRI due to these injuries. See; Exh. 5
34. Plaintiff also avers that Cpt. Vismale was present and/or authorized the CO defendants actions/misconducts as she was in charge of the search of the unit.
35. Also, in front of Cpt. vismale, CO defendants stated, "that they didn't give him enough spray, and that they should beat his ass a little more."
36. Plaintiff avers that, Cpt. Vismale later manifested a false report to cover up her officers actions/misconducts, in which the report had misstatements or omissions. (Exh. 7, misconduct report with the lies).

37. Plaintiff avers that while incarcerated at VCBC, during and immediately after the search incident, did CO's defendants threaten plaintiff with further abuse if he filed a grievance or claim against them for their misconducts.
38. Plaintiff also avers that, on the day of the excessive force misconducts Co defendants made threatening comments of "we're gonna get you", "we're not done with you yet", "your gonna get fucked up if you file a complaint", "we're gonna fuck you up", "we should spray your ass again", "and maybe we should spray your ass some more or throw you in the RHU till you leave."
39. Furthermore, plaintiff avers that he was retaliated against for filing grievances/claims for the theft/destruction of his property by Cpt. Norton. (Exh.8, grievance/claim for property).
40. The threats for the property claim came from Cpt. Norton in the form of Norton not addressing plaintiff's release after his charges were dismissed, and Norton telling plaintiff that, he will personally see that the NY DOC will make plaintiff suffer, and so will he [Norton] personally."
41. Plaintiff avers that, he filed a Habeas Corpus in April of 2015, challenging the probable cause for the 1999 arrest, and due to the fact that the ADA [Farrugia], and the DA's Office knew the statute of limitations had expired on the charges, and that they failed to bring him to trial within the allotted time. Plaintiff focus in the Habeas was primarily for the lack of probable cause as mere presence at the scene is not probable cause for an arrest, and especially since plaintiffs friend directly had the drugs and took responsibility for them. (Exh. 9)
42. It is important to note that the DA nor the Court ever responded to his Habeas Motion or Letters. Again, they just called him to court one day, and then sent him back and mailed him the dismissal of the charges later.
43. Plaintiff avers that he was just brought to the courthouse one day and then sent back to the prison without hearing. Furthermore, plaintiff's public defender informed him that they were just gonna probably throw the charges out due to the fact they knew there was no probable cause for the arrest and she didn't even understand why they brought him back to NY. And that they were just trying to see if he would accept charges.
44. Plaintiff also told his public defender -besides the arrest incident- about the things that happened to him at the VCBC in which she told him he should get himself an attorney.

45. Plaintiff asserts that Cpt. Norton also retaliated by dumping coffee on the plaintiff's property (magazines), and then by confiscating plaintiff's food, hygiene, and stationary products for no reason other than to take the plaintiff's stuff.
46. Plaintiff also avers that Cpt. Norton told plaintiff that, "If he has an issue with him taking his stuff that they can handle it the street way", and "that would give him [Norton] a good reason for a paid vacation."
47. Plaintiff re-alleges and incorporates by reference all paragraphs and informations in this claim, and verifies that all recollections of conversations or statements are herein fact and to be to the best of the plaintiff's knowledge. Merged claims derive from similar misconducts, actions/inactions, or behaviors of those defendants.

V. EXHAUSTION OF LEGAL REMEDIES

1. Plaintiff filed grievance for personal assault committed against him by the CO defendants and Cpt. Vismale, in which was never answered or responded to providing redress or relief to plaintiff. Grievance filed on Sept. 30th, 2015. (See; Exh. 4).
2. Plaintiff filed a Personal Injury Claim with the State in Oct. 2015, against CO defendants and Warden Saunders for the same misconducts, in which, the plaintiff -again- received no response allowing redress. Plaintiff was never given a claim #. (See; Exh.6).
3. Plaintiff also filed a grievance for his property damage claim in which no redress was provided. (See; Exh.10).
4. Plaintiff filed a Personal Injury Claim for his illegal arrest (in 1999) in Dec. 2015, in which, the claim was rejected due to not being properly served. Plaintiff then properly re-served the documentation in which plaintiff -again- received no response or redress. (See; Exh.11, 7 pgs.).

VI. LEGAL CLAIMS

Officer Pizarro and Unnamed Police Officers

FALSE ARREST/IMPRISONMENT:

By, Defendat(s), Pizarro and 3 Unnamed Police Officers, knowingly and with malicious intent arrest Plaintiff without probable cause or warrant for the drugs found on his friend, and arrest plaintiff for mere presence at the scene of an alleged crime falsely arrest and/or assisted in the detainment of plaintiff. Defendant(s) Pizarro and the Unnamed Officers went to a location for the purpose of questioning plaintiff and another for an alleged crime that occurred days earlier, in which, they found drugs in the possession of their other friend(owner of the home), and then, after being made aware and knowing that plaintiff had no knowledge or involvement with those drugs, arrested plaintiff and detained him in violation of his 4th Amendment rights under the U.S. Constitution causing Pain, Suffering, and Emotional Distress.

OFFICER PIZARROMALICIOUS PROSECUTION:

By, defendant, Pizarro, knowingly -after plaintiff would or could not assist in helping Pizarro with another crime- with malicious intent initiate a criminal prosecution against plaintiff for drugs that the officer knew he had nothing to do with, and for mere presence at the scene, all without probable cause or warrant, violating plaintiff's rights under the 14th Amendment to the U.S. Constitution causing Pain, Suffering, and Emotional Distress.

ABUSE OF PROCESS:

By, defendant, Pizarro, knowingly and intelligently initiating a criminal prosecution against plaintiff for no legitimate reasons or for purposes other than justice intended violated plaintiff's rights under the 14th Amendment to the U.S. Constitution. Defendant used the criminal prosecution against plaintiff for not being able to provide information for another crime. Defendant knew that plaintiff was merely present at the scene where the drugs were located and the defendant knew that, but instead of releasing plaintiff, defendant Pizarro threatened him with the criminal prosecution of the drugs if he did not cooperate in providing information about another crime. This causing deprivation of plaintiff's rights, and caused Pain, Suffering, and Emotional Distress.

RETALIATION:

By, defendant, Pizarro, knowingly and with malicious intentions use criminal charges and prosecution against defendant for being unwilling -or not being able to provide- information regarding another crime retaliate against plaintiff for the exercise of his rights, violating plaintiff's rights under the 1st, 4th, and 14th Amendments to the U.S. Constitution causing Pain, Suffering, and Emotional Distress.

CRUEL AND UNUSUAL PUNISHMENT:

By, defendant, Pizarro, knowingly and with malicious intent arrest plaintiff without probable cause for not providing information relating to another crime, did defendant act with deliberate indifference and maliciousness in denying plaintiff of his rights under the 4th Amendment (warrant clause) and 14th Amendments (substantive and due process) subjecting plaintiff to cruel and unusual punishment (detaining plaintiff and denying him of his freedom) causing Pain, Suffering, and Emotional Distress.

ASSISTANT DISTRICT ATTORNEY GEORGE FARRUGIAMALICIOUS PROSECUTION:

By, defendant, ADA Farrugia, knowingly and intelligently assisting and/or continuing the criminal prosecution of plaintiff -after he reviewed the file and knew the facts of the case 15 yrs. later- and knowing that there was no probable cause for plaintiff's arrest, and that the statute of limitations had expired on the charges, did defendant Farrugia violate plaintiff's rights under the 14th Amendment to the U.S. Constitution causing Pain, Suffering, and Emotional Distress.

ABUSE OF PROCESS:

By, defendant, Farrugia, knowingly and intelligently used and/or perverted the warrant/ATA process to continue the transfer and/or prosecution of plaintiff knowing there was no probable cause for plaintiff's arrest and that the statute of limitations had expired on the charges, did lodge a detainer/warrant against defendant and had plaintiff transferred to the VCBC in NYC for prosecution, did he misuse or pervert the criminal prosecution process. Furthermore, if plaintiff was never transferred he would have never been subjected to the harms caused to him by the VCBC and its employees/officials, and therefore, violated the plaintiff's rights under the 4th and 14th Amendments to the U.S. Constitution causing Pain, Suffering, and Emotional Distress.

CRUEL AND UNUSUAL PUNISHMENT:

By, defendant, Farrugia, knowingly and intelligently pursuing or carrying out the criminal prosecution and transfer (ATA) of plaintiff -after being aware of the lack of probable cause to arrest plaintiff and the statute of limitations expiring- subject plaintiff to cruel and usual punishment as plaintiff's charges should of been dismissed after Farrugia knew there was no probable cause and the statute expired and not continued to be detained for those charges and transferred where in incurred physical harm. Furthermore, by defendant's continuing the constructive custody of plaintiff and having him detained for 15 yrs. on charges that defendant knew should have been dismissed deprived plaintiff of his freedom and violated plaintiff's rights under the 8th and 14th Amendments to the U.S. Constitution causing Pain, Suffering, and Emotional Distress.

CO'S HENERY, WALLACE, LAMAR, ARIAS, AND CAIEXCESSIVE FORCE:

By, defendant(s), Henery, Wallace, Lamar, Arias, and Cai (hereinafter CO defendant(s)), knowingly and with malicious intents did spray plaintiff with a chemical agent, leave him detained with no medical treatment, and attempted to break his wrist, did use excessive force against plaintiff without cause, violating plaintiff's rights under the 4th, 8th, and 14th Amendments to the U.S. Constitution causing Pain, Suffering, and Emotional Distress.

CRUEL AND UNUSUAL PUNISHMENT:

BY, CO defendant(s), knowingly and with malicious intents, spray plaintiff with a chemical agent, detain him without proper medical treatment, and attempt to willfully break plaintiff's wrist without just cause, subject plaintiff to cruel and unusual punishment, violating plaintiff's rights under the 4th, and 8th Amendments to the U.S. Constitution causing Pain, Suffering, and Emotional Distress.

CAPTAIN VISMALÉSUPERVISOR LIABILITY:

By, defendant, Captain (Cpt.) Vismale, directly and with deliberate indifference, being present during the misconducts performed by CO defendant(s) (CO's Henery, Wallace, Lamar, Arias, and Cai), and authorize and/or condoning such misconducts committed supervisor liability violating the plaintiff's rights under the 4th, 8th, and 14th Amendments to the U.S. Constitution causing Pain, Suffering, and Emotional Distress.

ABUSE OF PROCESS:

By, defendant, Cpt. Vismale, knowingly and with malicious intent, made misstatements and/or omissions in an official record (disciplinary writ-up) in order to have plaintiff charged and detained in a Restrictive Housing Unit (RHU), did she pervert, blackmail, or cause deprivation of plaintiff's rights for reasons for other than justice intended, violating plaintiff's rights under the 8th, and 14th Amendments to the U.S. Constitution causing Pain, Suffering, and Emotional Distress.

CAPTAIN SANTOSSUPERVISOR LIABILITY:

By, Defendant Cpt. Santos, knowingly and/or condoning Cpt. Vismale's misstatements or omissions within her report in order to allow plaintiff to be detained in RHU and to be punished for wrongs he did not commit, and all being to cover up their subordinate's misconducts, did commit supervisor liability, violating plaintiff's rights under the 8th, and 14th Amendments of the U.S. Constitution causing pain, Suffering, and Emotional Distress.

CAPTAIN NORTONTRESPASS:

By, Defendant, Cpt. Norton, seizing, confiscating and/or destroying plaintiff's personal property without warrant or just cause, did defendant Norton commit trespass upon the plaintiff's property violating his rights under the 4th Amendment to the U.S. Constitution causing Pain, Suffering, and Emotional Distress.

SUPERVISOR LIABILITY:

By, Defendant, Cpt. Norton, being a Supervisor for the VCBC commit a knowing and malicious trespass upon the plaintiff's property, and by Cpt. Norton using his position or authority to threaten the plaintiff for attempting to redress his grievances commit supervisor liability, violating plaintiff's rights under the 4th, and 14th Amendments to the U.S. Constitution causing Pain, Suffering, and Emotional Distress.

WARDEN SAUNDERSSUPERVISOR LIABILITY:

By, Defendant, Warden Saunders, being in charge and running the VCBC, and knowingly being aware of the misconducts that are arising within his facility and within in his knowledge, did Saunders commit supervisor liability, violating plaintiff's rights under the 1st, 4th, 8th, and 14th Amendments to the U.S. Constitution causing Pain, Suffering, and Emotional Distress.

NEW YORK?NEW YORK CITY POLICE DEPARTMENTMUNICIPAL LIABILITY CLAIM:

By, Defendant, New York City (NYC) and it Police Dept. (NYPD), conduct and/or carryout customs of arresting plaintiff without probable cause allowing the deprivation of plaintiff's rights while within its custody, violating plaintiff's rights. Defendant NYC and NYPD knowingly and malicious intent arrested plaintiff for charges they knew were erroneous. The NYPD brought plaintiff into it's custody to conduct an interview surrounding another crime, and after plaintiff could not or would not provide information, did the NYPD charge plaintiff with a crime they knew he had not committed, all without probable cause. The NYPD knew of exculpatory evidence proving plaintiff's innocence and failed act upon that evidence, and instead, advertently and maliciously ignored or fabricated evidence in order to charge and detain plaintiff anyway, violating plaintiff's rights under the 1st, 4th, and 14th Amendments to the U.S. Constitution causing Pain, Suffering, and Emotional Distress.

VERNON C. BAIN CENTER (VCBC)MUNICIPAL LIABILITY CLAIM:

By, Defendant, VCBC, having custody of plaintiff, and knowingly and with deliberate indifference, allowed its supervisors and employees -through in house customs- to

maliciously spray, beat, and restrain, and retaliate against plaintiff for exercise of certain rights did it violate plaintiff's rights. The VCBC knowingly allowed its officials to spray plaintiff with a chemical agent without cause, manifest false reports, threaten, harass, steal/destroy property, and attempt to break plaintiff's wrist, and place plaintiff in RHU. The VCBC is responsible for the care, custody, and control of plaintiff while plaintiff was incarcerated in the VCBC and allowed -all levels- of officials to knowingly and maliciously cause deprivations of plaintiff's rights under the 1st, 4th, 8th, and 14th Amendments to the U.S. Constitution causing Pain, Suffering, and Emotional Distress.

VII. ~~PRAYER~~ PRAYER FOR RELIEF

1. Granting plaintiff compensatory damages for any and all property damages, and for Pain, Suffering, and Emotional Distress against all defendants jointly and severally.
2. Plaintiff also seeks compensatory damages for all personal injury claims in the amount of 1.5 million dollars against all defendants jointly and severally for Pain, Suffering, and Emotional Distress.
3. Plaintiff also seeks punitive damages in the amount of 1.5 million dollars against all defendants jointly and severally for Pain, Suffering, and Emotional Distress.
4. Plaintiff also seeks a jury trial on all issues triable by jury.
5. Plaintiff also seeks recovery of his cost in this suit, attorney fees, and
6. any additional relief this Court deems just, proper, and equitable.

Date: 9-11-18

Respectfully Submitted,

Shawn July
Shawn July
NEW JERSEY STATE PRISON
300 FEDERAL STREET
TRENTON, N.J. 08625

VERIFICATION

I have read the foregoing complaint and hereby verify that the matters alleged therein are true and correct, except as to any matters asserted on information and belief, and as to those, I believe them to be true. I certify under the Penalty of Perjury §4904 that the foregoing is true and correct to the best of my personal knowledge.

Executed in TRENTON, NEW JERSEY on Date 11/14 day Sep. 2018
2018.

Shawn July
Shawn July

PROOF OF SERVICE

RECEIVED
SDNY DOCKET UNIT

2018 SEP 14 PM 4:28

I, Shawn July, do hereby cerify/verify that i have served a true and correct copy of the foregoing with The Clerk of Courts, United States Distrcit Court, Southern District of New York, in the State of New York.

Date: September 11, 2018

Shawn July
Shawn July plaintiff

Exhibit 1

140161

LODGED
TAG

BENCH WARRANT

CRIMINAL COURT OF THE CITY OF NEW YORK

PART: N

COUNTY: QUEENS

DOCKET #: 99Q022861

NAME OF DEFENDANT: LANCASTER, WARREN

OFFENSE CHARGED: CRIMINAL POSSESSION OF A CONTROLLED SUBSTANCE 220.16

DATE OF ISSUANCE OF THIS WARRANT: 10/29/1999 RETURN PART: N

IN THE NAME OF THE PEOPLE OF THE STATE OF NEW YORK: TO ANY POLICE OFFICER
WHOSE GEOGRAPHICAL AREA OF EMPLOYMENT EMBRACES EITHER THE PLACE WHERE THE
OFFENSE CHARGED WAS ALLEGEDLY COMMITTED OR THE LOCALITY OF THE COURT BY WHICH
THIS WARRANT IS ISSUED.

A CRIMINAL ACTION HAVING BEEN PREVIOUSLY COMMENCED AGAINST THE ABOVE-NAMED
DEFENDANT AND NOT HAVING BEEN TERMINATED BY A FINAL DISPOSITION, AND THE COURT
REQUIRING THE PERSONAL APPEARANCE OF THE DEFENDANT IN THE PENDING CRIMINAL
ACTION FOR A PURPOSE OTHER THAN INITIAL ARRAIGNMENT IN THE ACTION, HAVING
ORDERED THE ISSUANCE OF A BENCH WARRANT

NOW THEREFORE, YOU ARE DIRECTED TO TAKE INTO CUSTODY THE ABOVE-NAMED
DEFENDANT WHO IS PARTICULARLY DESCRIBED BELOW AND FOLLOWING THE ARREST YOU MUST
WITHOUT UNNECESSARY DELAY BRING THE DEFENDANT BEFORE THIS COURT. THE
DELEGATION OF THIS WARRANT IS AUTHORIZED AS PRESCRIBED IN CPL 530.70(3) (4)
(5).

BY ORDER OF THE COURT

WILLIAM H. ETHERIDGE
CHIEF CLERK
CRIMINAL COURT
CITY OF NEW YORK

DESCRIPTION OF DEFENDANT

DEFEND ADD: 161-47 132 ST QUEENS, NY
DOB: 10/30/1977 AGE: 21 SEX: MALE RACE: BLACK SS#: 131-63-5301
HEIGHT: 5 FT 08 IN WEIGHT: 135 EYE COLOR: BROWN HR CLR: BLACK
DEF: EMPLOYER & ADDRESS: _____
OPR: LIC #: _____ AKA: _____

ARREST INFORMATION

ARREST ID: 099023828 ARREST DATE: 05/07/1999 ARREST PCT: _____
A/O NAME: PIZARRO SHIELD #: 04918
TAX REG #: _____ DEPT/AGENCY: NYPD COMMAND: 101
NYSID #: 9216839H

FORM II

INTERSTATE AGREEMENT ON DETAINERS

Six copies, if only one jurisdiction within the state involved has an indictment, information or complaint pending. Additional copies will be necessary for prosecuting officials and clerks of court if detainees have been lodged by other jurisdictions within the state involved. One copy should be retained by the inmate. One signed copy should be retained by the institution. Signed copies must be sent to the Agreement Administrators of the sending and receiving states, the prosecuting official of the jurisdiction which placed the detainee, and the clerk of the court which has jurisdiction over the matter. The copies for the prosecuting official and the court must be transmitted by certified or registered mail, return receipt requested.

INMATE'S NOTICE OF PLACE OF IMPRISONMENT AND REQUEST FOR
DISPOSITION OF INDICTMENTS, INFORMATIONS OR COMPLAINTS

TO: (1) Richard A. Brown, District Attorney Prosecuting Officer Queens County, State of New York
(Jurisdiction)
(2) Clerk of Audrey I. Pheffer, Queens Co. Supreme Court Queens County, State of New York
(Jurisdiction)

And to all other prosecuting officers and courts of jurisdictions listed below in which indictments, informations or complaints are pending.

You are hereby notified that the undersigned, July, Shawn aka Lancaster, Warren #: 2657015C/140161, is now
(Inmate's Name and Number)

imprisoned in New Jersey State Prison at Trenton, New Jersey 08625
(Institution) (City and State)

I hereby request that final disposition be made of the following indictments, informations or complaints now pending
against me: Criminal Possession of Controlled Substance 220.6. Docket #: 99Q022661. Issuance of Warrant:
10/29/1999

Failure to take action in accordance with the Interstate Agreement on Detainers (IAD), to which your state is committed by law, will result in the invalidation of the indictments, informations or complaints.

I hereby agree that this request will operate as a request for final disposition of all untried indictments, informations or complaints on the basis of which detainees have been lodged against me from your state. I also agree that this request shall be deemed to be my waiver of extradition to your state for any proceeding contemplated hereby, and a waiver of extradition to your state to serve any sentence there imposed upon me, after completion of my term of imprisonment in this state. I also agree that this request shall constitute a consent by me to the production of my body in any court where my presence may be required in order to effectuate the purposes of the IAD and a further consent to be returned to the institution in which I now am confined.

602
100

If jurisdiction over this matter is properly in another agency, court, or officer, please designate the proper agency, court, or officer and return this form to sender.

The required Certificate of Inmate Status (Form III) and Offer of Temporary Custody (Form IV) are attached.

July, Shawn aka Lancaster, Warren 140161

Inmate's Printed Name and Number

Shawn July

Inmate's Signature

Nov. 14, 2014

Date

Marshall Fletcher, Classification Officer 3

Witness' Printed Name and Title

[Signature]

Witness' Signature

11/14/14

Date

FORM III

INTERSTATE AGREEMENT ON DETAINERS

In the case of an inmate's request for disposition under Article III, copies of this Form should be attached to all copies of Form II. In the case of a request initiated by a prosecutor under Article IV, a copy of this Form should be sent to the prosecutor upon receipt by the warden of Form V. Copies of this Form should be sent to all other prosecutors in the same state who have lodged detainers against the inmate. A copy may be given to the inmate.

CERTIFICATE OF INMATE STATUS

July, Shawn aka Lancaster, Warren

(Inmate)

SBI: 267015C/INM: 140161

(Number)

New Jersey State Prison

(Institution)

Second & Cass Street, Trenton, New Jersey 08625

(Location)

Marshall Fletcher, Classification Officer 3 (Records) hereby certifies:

(Custodial authority)

1. The inmate's commitment offense(s): Manslaughter (Aggravated-first degree)
2. The term of commitment under which the inmate is being held: ²⁰22 Years 6 Months 13 Days Max- WITH
17 Years MANDATORY MINIMUM
3. The time already served: APPROXIMATELY 5,688 DAYS
4. Time remaining to be served on the sentence: ^{18 month}APPROX. 4 YRS, 1 M, 25 DAYS (1,516 Days)
5. The amount of good time earned: 2670 DAYS GOOD /71 JAIL CREDITS/354.6 DAYS WORK CREDITS
6. The date of parole eligibility of the inmate: 01/06/2019 01/29-2016
7. The decisions of the state parole agency relating to the inmate: (If additional space is needed, use reverse side.)
N/A
8. Maximum expiration date under present sentence: 01/06/2019
9. Security level/special security requirements: CLOSE CUSTODY/ [REDACTED] MAX

10. Detainers currently on file against this inmate from your state: Criminal Possession of a Controlled Substance 220.16. Docket #: 99Q022661. Warrant Issued date: 10/29/1999

Stephen D'Ilio, Administrator (360) ALC
Warden CAMPIS

Dated: 11/14/14

CUSTODIAL AUTHORITY

Name/Title: Stephen D'Ilio, Administrator

Institution: New Jersey State Prison

Address: Second & Cass Street (PO BOX 861)

City/State: Trenton, New Jersey 08625

Telephone: (609) 209-9700 EXT. 4601

FORM IV

INTERSTATE AGREEMENT ON DETAINERS

Inmate's request: Copies of this Form should be attached to all copies of Form II. Prosecutor's request: This Form should be completed after the warden has approved the request for temporary custody, expiration of the 30 day period, and successful completion of a pretransfer hearing. Copies of this Form should then be sent to all officials who receive(d) copies of Form III. One copy also should be given to the inmate and one copy should be retained by the institution. Copies mailed to the prosecutor should be sent certified or registered mail, return receipt requested.

OFFER TO DELIVER TEMPORARY CUSTODY

TO: Richard A. Brown, District Attorney Prosecuting Officer

Queens County, State of New York
(Jurisdiction)

And to all other prosecuting officers and courts of jurisdictions listed below from which indictments, informations or complaints are pending.

RE: July, Shawn aka Lancaster, Warren
(Inmate)

No. 140161/SBI: 267015C

Pursuant to Article V of the Interstate Agreement on Detainers (IAD), the undersigned hereby offers to deliver temporary custody of the above-named inmate to the appropriate authority in your state in order that speedy and efficient prosecution may be had of the indictment, information or complaint which is:

☒ described in the attached inmate's request (Form II)

☐ described in your request for custody (Form V) of _____
(Date)

The required Certificate of Inmate Status (Form III)

☒ is enclosed

☐ was sent to you with our letter of _____
(Date)

Indictments, informations or complaints charging the following offenses are **also** pending against the inmate in your state and you are hereby authorized to transfer the inmate to the custody of appropriate authorities in these jurisdictions for purposes of disposing of these indictments, informations or complaints.

Offense:

County or Other Jurisdiction:

If you do not intend to bring the inmate to trial, please inform us as soon as possible.

Stephen D'Ilio, Administrator (080) AIC Date: 11/14/14
 Warden CAMPAS

CUSTODIAL AUTHORITY

Name/Title: Stephen D'Ilio, Administrator

Institution: New Jersey State Prison

Address: Second & Cass Street (PO Box 861)

City/State: Trenton, New Jersey 08625

Telephone: (609) 292-9700. Ext. 4601

Exhibit 4, Two Pgs.

NEW YORK CITY DEPARTMENT OF CORRECTION

INTRADEPARTMENTAL MEMORANDUM

Date: September 30, 2015
To: Warden Saunders - VCBC
From: Emile Beaulieu -Inmate Grievance Supervisor-VCBC
Subject: INMATE REPORT OF AN ALLEGED ASSAULT/HARASSMENT OR
 SEXUAL/PHYSICAL ASSAULT

This memorandum is to inform you that the following inmate contacted the Inmate Grievance and Request Program (IGRP) office on 09/30/15 and informed members of the IGRP that s/he was (Check all that apply)

☐ INMATE ON INMATE ☒ STAFF ON INMATE

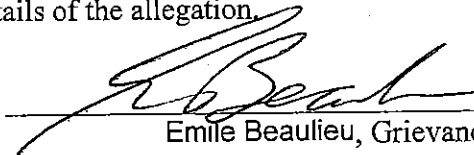
☒ ASSAULT ☒ PHYSICAL ASSAULT
☐ HARASSED ☐ SEXUAL ASSAULT

Inmate Last Name: Lancaster Inmate First Name: Warren

NYSID #: 09216839M Book and Case #: B&C# 441-15-03627

This information is being forwarded to you because these allegations are not within the jurisdiction of the IGRP pursuant to Directive 3376, Section IV.B.2.b.). Please see enclosures.

You may contact the inmate for additional details of the allegation.


 Emile Beaulieu, Grievance Supervisor

c: IGRP files

Form 7316R
 Eff.: 09/10/12
 Ref.: Dir. #3376

4
 (S)



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	
WARREN LANCASTER	4411503627		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
U.C.B.C.	1AB	SEP. 16, 2015	SEP. 30, 2015

All grievances and requests must be submitted within ten business days after the incident occurred unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement upon collection by Inmate Grievance and Request Program (IGRP) staff. IGRP staff will time-stamp and issue a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

ON SEP. 16, 2015 I WAS SPRAYED WITH MK9 IN MY FACE TWICE AND I WAS NOT ~~DECONTAMINATED~~ DECONTAMINATED AFTER THE INCIDENT. AND WHILE I WAS UNSECURED AND HAND CUFF THE CUFFS WERE PUT ON TOO TIGHT ~~AND~~ MY WRIST WAS TWISTED IN AN ATTEMPT TO BREAK MY WRIST. HOWEVER, MY WRIST WAS SPRAIN AND DID RECEIVE MEDICAL TREATMENT TO SUPPORT SAME.

Action Requested by Inmate

THE OFFICER BE WRITTEN UP FOR NOT FOLLOWING STANDARD OPERATING PROCEEDINGS

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need the IGRP staff to write the grievance or request for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you filed this grievance or request with a court or other agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you require the assistance of an interpreter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Inmate's Signature: Warren Lancaster Date of Signature: SEP. 30, 2015

For DOG Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below 2015 SEP 30	Grievance and Request Reference #:	Category:
	NON Grievable / Complaint	
Inmate Grievance and Request Program Staff's Signature:		
<u>Bea</u>		

5 ✓

Exhibit 5 , Four Pgs.



nyc.gov/hhc

Correctional Health Services

Insurance: Self Pay

LANCASTER, WARREN

NYSID: 09216839M BookCase: 4411503627

Facility Code: VCBC Housing Area: 1A/B/

37 Y old Male, DOB: 10/30/1977

40 N 18TH STREET, E. ORANGE, NY

Appointment Facility: Vernon C. Bain Center

Appointment Provider: Zachary Rosner, MD

09/16/2015

Current Medications

Chlor-Trimeton 4 mg Tablet 1 tab Twice a Day, stop date 09/19/2015
 Sarna 0.5-0.5 % Lotion 1 application to affected area as needed Three times a day, stop date 09/17/2015

Past Medical History

Chickenpox

Allergies

N.K.D.A.

Reason for Appointment

1. Pt. involved in "use of force" with DOC staff

History of Present IllnessTEMPLATES:**Rikers Injury Report**

37M with no major medical history per records presents for injury report.

Left wrist injury. Cuffs placed and wrist bent inward. Reports mild pain and swelling over left wrist. Good range of motion and strength without extreme tenderness.

Injury Report:**General**

Injury Report #: 272/fy16

Event Location: Housing Area /

Intentionality: Intentional /

Cause: DOC use of force/ alleged attack by staff /

Verified Injury: Physical evidence of injury /

Did the patient have a blow to the head? No /

Did the patient ever lose consciousness? No /

Was the patient ever dazed and confused after injury? No /

Vital Signs

BP		
123/71	09/16/2015 09:08:21 AM	Hugh Paul
Pulse		
79	09/16/2015 09:08:21 AM	Hugh Paul
RR		
16	09/16/2015 09:08:21 AM	Hugh Paul
Temp		
98.3	09/16/2015 09:08:21 AM	Hugh Paul
SaO2		
99	09/16/2015 09:08:21 AM	Hugh Paul

ExaminationGeneral Examination:

Patient: LANCASTER, WARREN DOB: 10/30/1977 Progress Note: Zachary Rosner, MD 09/16/2015
 Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

GENERAL APPEARANCE: Alert, oriented, no acute distress.
HEENT: perrl, eomi, slight bilateral injected eyes.
HEART: regular rate, no m/r/g.
LUNGS: ctab, no crackles or wheezes.
SKIN:

mild bruise over left wrist

MUSCULOSKELETAL: no bony tenderness, good flexion and extension of left thumb and other fingers of left hand. normal wrist range of motion and strength. no deformity. .

NEUROLOGIC EXAM: normal gait, normal speech.

Assessments

1. Sprain of wrist NOS - 842.00 (Primary)

Treatment

1. Sprain of wrist NOS

Start Ibuprofen Tablet, 400 MG, 1 tab, Orally, Every 8 Hours, 3 days,
Pharmacy

No signs of fracture.

Normal strength and range of motion

Mild swelling

Given ace bandage

Ibuprofen

Re-check in 2 days, if not improving consider wrist x-ray.

Disposition: General Population

Notes: f/u Friday

Appointment Provider: Zachary Rosner, MD





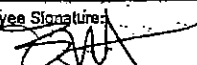
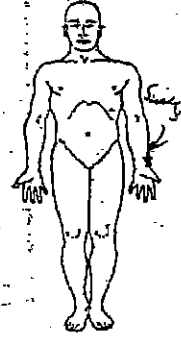
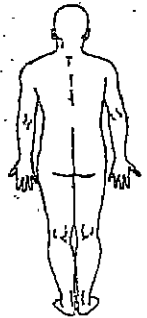

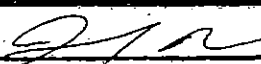
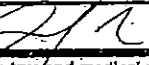


Electronically signed by Zachary Rosner , MD on 09/16/2015
at 10:01 AM EDT

Sign off status: Completed

Vernon C. Bain Center
Barge 1 Halleck Street
Bronx, NY 10474
Tel: 718-579-8315
Fax:

Patient: LANCASTER, WARREN DOB: 10/30/1977 Progress Note: Zachary Rosner, MD 09/16/2015

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

	CORRECTION DEPARTMENT CITY OF NEW YORK	
INJURY TO INMATE REPORT		Page 1 of 2 Pages Form: #167R-A Rev.: 01/31/08 Ref: Dir. #4516R-A
INSTRUCTIONS: Original Report to Security, One copy to Clinic Lock Box, One Copy to Inmate Medical File.		
Command: ✓ CBC	Date: 09-16-15	Injury #: 2721416
TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY).		
Inmate Name (Last Name, First Name): LANCASTER, WARREN		
Location: LAB	Work:	NYSID #: 09216039M Book & Case/Sent #: 44-15-03627
Details: ON 09-16-15 AT APPROX. 0900 HRS. THIS INMATE WAS IN HOLDING UNIT LAB INMATE LANCASTER WARREN #44-15-03627 WAS INVOLVED IN A USE OF FORCE WITH NYCCDC STAFF. CLINICAL AGENTS WAS UTILIZED.		
Supervisor Notified (Print Last Name, First Name, Rank, Shield #): ADM RADALL		Date: 09-16-15 Time: 0640 Hrs.
Employee: <input type="checkbox"/> (Did) <input checked="" type="checkbox"/> (Did Not) Witness This Injury.	Employee Signature: 	Rank/Title: CAPTAIN Shield/ID #: 180
TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)		
Date of Injury: 9/16/15	Reported for Medical Attention: 9/16/15 0900 Hrs.	Inmate Refused Medical Attention: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Visible Injuries: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Medical Staff Must Note Location of Injury:
Nature of Injury and Cause: Report wrist was bent when handcuffs on. ④ Mild swelling of left wrist good ROM, no point tenderness Fracture unlikely		 
Treatment: ACE wrap Re-evaluation in two days to confirm improvement in swelling		
Treated By/Examined By (Print and Sign Full Name): Dr. Robert MD 		Title: MD
Referrals to Other Medical Services (If Yes, Document Medical Findings): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Treated By/Examined By (Print and Sign Full Name): Dr. Robert MD 		Title: MD
Please Check Disposition: <input checked="" type="checkbox"/> Return to Housing Area <input type="checkbox"/> Work Release Days <input type="checkbox"/> Light Duty Days <input type="checkbox"/> Return to Work Assignment <input checked="" type="checkbox"/> Re-Exam 2 Days <input type="checkbox"/> Refer to Clinic <input type="checkbox"/> Return to School		
<input type="checkbox"/> Transfer to Hospital (Indicate Name of Hospital):		
<input type="checkbox"/> Other (Please Specify):		
Treated By (Print Full Name and Title, Sign Name): Zachary L. ... MD 		Date: 9/16/15 Time: 10th Hrs.
I certify that the cause of injury as stated herein is to my knowledge true and medical attention was provided:		
Inmate Signature: 	B&C / Sentence #:	Date:
Witnessed By (Signature): 	Rank/Title: C	Shield / I.D. #: 626 Date: 9/16/15

(14) ✓

Exhibit 6, Five Pgs.



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Form Version: NYC-COMPT-BLA-P11-M

Personal Injury Claim Form

Claim must be filed *in person or by registered or certified mail within 90 days of the occurrence* at the NYC Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be *notarized*. If claim is not resolved within 1 year and 90 days of the occurrence, you must start legal action to preserve your rights.

TYPE OR PRINT

I am filing: ☒ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

LANCASTER #4411503627

First Name:

WARREN

Relationship to
the claimant:

1 HALLECK ST.

☐ Attorney is filing.

Attorney Information (If claimant is represented by attorney)

Firm or Last Name:

Firm or First Name:

Address:

Address 2:

City:

State:

Zip Code:

Tax ID:

Phone #:

Email Address:

Claimant Information

*Last Name:

LANCASTER# 4411503627

*First Name:

WARREN

Address:

VERNON G. BAIN CENTER

Address 2:

1 HALLECK ST.

City:

BRONX, NEW YORK 10474

State:

NEW YORK 10474

Zip Code:

Country:

Date of Birth:

10-30-77

Format: MM/DD/YYYY

Soc. Sec. #

HICN:

(Medicare #)

Date of Death:

Format: MM/DD/YYYY

Phone:

Email Address:

Occupation:

City Employee? ☐ Yes ☒ No ☐ NA

Gender

☒ Male ☐ Female ☐ Other



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

The time and place where the claim arose

*Date of Incident: 09-16-15 Format: MM/DD/YYYY
Time of Incident: 6:40 a.m. Format: HH:MM AM/PM

*Location of Incident: (VERNON C. BAIN CENTER
1 HALLECK STREET
BRONX, NY. 10474
(1AB)

Address:
Address 2:
City:
State:
Borough:

*Manner in which claim arose:

Attach extra sheet(s) if more room is needed.

ON SEPTEMBER 16, 2015 AT AROUND 6:40 IN HOUSING AREA 1AB, AT (V.C.B.C.) I SUFFER PERSONAL INJURIES AT THE HANDS OF CORRECTIONAL OFFICER(S) MAINLY, C/O CAI #18404 (OR) 9, WHO SPRAYED CHEMICAL AGENT (MK9) IN MY FACE AND EYES.

A SECOND OFFICER WHO IS DOCUMENTED AS C/O ALASAN HENERY #17625, SPRAYED ME AGAIN WITH THE CHEMICAL AGENT (MK9) WHILE I WAS ALREADY DOWN FROM THE FIRST DISPERSE OF CHEMICAL AGENT.

AFTER BEING SPRAYED TWICE WITH THE CHEMICAL AGENT (MK9) THE D.O.C. OFFICIALS FAIL TO DECONTAMINATE ME OF THE CHEMICAL AGENT AND THROW ME IN A CELL (INTAKE) LEAVING ME FOR HOURS AS THE CHEMICAL AGENT BURN MY SKIN LOCATED IN MY FACIAL AREA, EYES AND NECK. I WAS FORCE TO USE THE DIRTY WATER OUT THE TOILET TO EAZE THE BURNING.

I WAS PLACED IN MECHANICAL RESTRAIN. THEREAFTER, ^{C/O} ~~CAI~~ ALASAN HENERY #17625 THEN GRABBED MY WRISK WHILE I WAS HAND CUFF AND ATTEMPTED TO BREAK MY WRISK WHICH RESULTED IN PHYSICAL INJURIES NERVE DAMAGE, AND THE SPRAINING OF MY LEFT WRISK. AS I HAVE RECEIVED MEDICAL TREATMENT PER THE INFLECTION OF MY INJURY BY THE CORRECTIONAL OFFICERS.

THE FOLLOWING OFFICERS WERE ALSO INVOLVE IN THIS INCIDENT ARE CAPT. VISMAL #174, CAPT. SANTOS #179, C/O WALLACE #18825, ARIAS #5856, C/O LAMAR #18472.

The items of damage or injuries claimed are (include dollar amounts):

Attach extra sheet(s) if more room is needed.

FOR THE "EMOTIONAL DISTRESS" AND "PAIN AND SUFFERING" I ENDURE BY BEING ASSAULTED WITH THE OFFICERS SPRAYING ME IN MY FACE WITH THE CHEMICAL AGENT (MK9), AND ALSO PHYSICALLY ASSAULTING ME BY TWISTING MY WRISK IN AN ATTEMPT TO BREAK IT.

I CLAIM DAMAGE FOR MY INJURIES IN THE AMOUNT OF \$50,000.00 FIFTY THOUSAND DOLLARS.



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Medical Information

1st Treatment Date:	SEPTEMBER 16, 2015	Format: MM/DD/YYYY
Hospital/Name:	M.C.B.C. MEDICAL DEPARTMENT	
Address:	1 HALLECK ST.	
Address 2:		
City:	BRONX	
State:	NEW YORK	
Zip Code:	10474	
Date Treated in Emergency Room:	SEP. 16, 2015	Format: MM/DD/YYYY
Was claimant taken to hospital by an ambulance?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	

Employment Information (If claiming lost wages).

Employer's Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	
Work Days Lost:	
Amount Earned Weekly:	

Treating Physician Information

Last Name:	ROSNER
First Name:	ZACHARY
Address:	(SAME AS LOCATION OF INCIDENT)
Address 2:	
City:	
State:	
Zip Code:	

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New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Witness 1 Information

Last Name:	AVILES, 2411506646
First Name:	JOSE
Address	VERNON C. BAIN CENTER
Address 2:	1 HALLACK ST.
City:	BRONX
State:	NEW YORK
Zip Code:	10474

Witness 4 Information

Last Name:	CABAZAS, 1131900507
First Name:	DUSTIN
Address	(SAME AS WITNESS#1)
Address 2:	
City:	
State:	
Zip Code:	

Witness 2 Information

Last Name:	WALLS, 241150784
First Name:	RANDY
Address	(SAME AS WITNESS #1)
Address 2:	
City:	
State:	
Zip Code:	

Witness 5 Information

Last Name:	KHAN, 4411507227
First Name:	SHEHERYAR
Address	(SAME AS WITNESS#10)
Address 2:	
City:	
State:	
Zip Code:	

Witness 3 Information

Last Name:	JACOB, 2411502384
First Name:	LUGO
Address	(SAME AS WITNESS #1)
Address 2:	
City:	
State:	
Zip Code:	

Witness 6 Information

Last Name:	BIGAUD, 2411203601
First Name:	WILLIAMS
Address	(SAME AS WITNESS#1))
Address 2:	
City:	
State:	
Zip Code:	



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Complete if claim involves a NYC vehicle

Owner of vehicle claimant was traveling in

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

Insurance Information

Insurance Company
Name:

Address

Address 2:

City:

State:

Zip Code:

Policy #:

Phone #:

Description of
claimant:

☐ Driver

☐ Passenger

☐ Pedestrian

☐ Bicyclist

☐ Motorcyclist

☐ Other

Non-City vehicle driver

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

Non-City vehicle information

Make, Model, Year
of Vehicle:

Plate #:

VIN #:

City vehicle information

Plate #:

City Driver Last
Name:

City Driver First
Name:

*Total Amount
Claimed:

50,000.00

Format: Do not include "\$" or "%".

October 14, 2015

Date

Warren Lancaster

Signature of Claimant

State of New York

County of Bronx

I, WARREN LANCASTER

being duly sworn depose and say that I have read the foregoing
NOTICE OF CLAIM and know the contents thereof; that same is true to the best of my own knowledge, except as to the matter here stated
to be alleged upon information and belief, and as to those matters I believe them to be true.

Sworn before me this day 14 day of October, 2015

Jose L. Pimentel

Notary Public State of NY

Signature of notary

Notary Public No 03-483775

Qualified in Bronx County

Signature of
Claimant

Warren Lancaster

* Denotes required field(s)

NEW YORK CITY DEPARTMENT OF CORRECTION

INTRADEPARTMENTAL MEMORANDUM

Date: September 11, 2015
To: Warden Saunders - VCBC
From: Emile Beaulieu -Inmate Grievance Supervisor-VCBC
Subject: **INMATE REPORT OF AN ALLEGED ASSAULT/HARASSMENT OR
SEXUAL/PHYSICAL ASSAULT**

This memorandum is to inform you that the following inmate contacted the Inmate Grievance and Request Program (IGRP) office on 09/11/15 and informed members of the IGRP that s/he was (Check all that apply)

☐ INMATE ON INMATE ☒ STAFF ON INMATE

☐ ASSAULT ☐ PHYSICAL ASSAULT
☒ HARASSED ☐ SEXUAL ASSAULT

Inmate Last Name: Lancaster Inmate First Name: Warren

NYSID #: 09216839M Book and Case #: B&C# 441-15-03627

This information is being forwarded to you because these allegations are not within the jurisdiction of the IGRP pursuant to Directive 3376, Section IV.B.2.b.). Please see enclosures.

You may contact the inmate for additional details of the allegation.


Emile Beaulieu, Grievance Supervisor

c: IGRP files

Form 7316R
Eff.: 09/10/12
Ref.: Dir. #3376

Attachment B

Form: # 7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <u>WARREN LANCASTER</u>	Book & Case #: <u>4411503627</u>	NYSID # (optional):	
Facility: <u>V.C.B.C.</u> <u>ONE HALLECK ST. BRONX, NY</u>	Housing Area: <u>1RA</u>	Date of Incident: <u>AUG. 31, 2015</u>	Date Submitted: <u>SEP. 2, 2015</u>

Request or Grievance: ON AUGUST 31, 2015 DURING A HOUSING AREA SEARCH

CAPTAIN NORTON DAMAGE MY PERSONAL PROPERTY BY THROWING
A OPEN PACK OF COFFEE ON MY MAGAZINE PUBLICATIONS
NORTON NOT ONLY DAMAGE MY PROPERTY BUT HE ALSO
INSTIGATED "IF I HAVE A ISSUE WITH WHAT HE DID
HANDLE IT THE STREET WAY" AND HE WANT ME TO GIVE HIM
A EARLY VACATION BY ME HANDLING TT THE STREET WAY.

Action Requested by Inmate: I WANT TO BE REIMBURSE FOR THE DAMAGE TO MY PERSONAL
PROPERTY. I WANT CAPT. NORTON INVESTIGATED
AND WRITTEN UP FOR VIOLATING D.C. RULES.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need the IGRP staff to write the grievance or request for you?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you filed this grievance or request with a court or other agency?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Did you require the assistance of an interpreter?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Inmate's Signature: Warren LancasterDate of Signature: 9-2-15

THIS FORM IS THE PROPERTY OF THE CITY OF NEW YORK DEPARTMENT OF CORRECTION. IT IS TO BE USED BY INMATES AS A MEANS OF COMMUNICATING WITH THE DEPARTMENT OF CORRECTION. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE.

Time Stamp Below: 2015 SEP 11	Grievance and Request Reference #:	Category:
	<u>Non-Grievable - Harassment</u>	<u>Harassment</u>
Inmate Grievance and Request Program Staff's Signature: <u>Beach</u>		

Attachment B

Form: # 7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

2

Inmate's Name: WARREN LANCASTER	Book & Case #: 4411503627	NYSID # (optional):	
Facility: V.C.B.C. ONE HALLECK, ST; BRONX, N.Y.	Housing Area: 1BA	Date of Incident: MON, AUG. 31, 2015	Date Submitted: SEP. 2, 2015

Request or Grievance:
ON AUGUST 31, 2015 DURING AN HOUSING AREA (1BA) SEARCH MY PERSONAL PROPERTY WAS "ILLEGALLY" TAKEN BY CORRECTIONAL OFFICER, CAPTAIN NORTON. NORTON "ILLEGALLY" TOOK A BUCKET OF MY COMMISSARY FOOD. NORTON NOT ONLY UNLAWFULLY TOOK MY PERSONAL PROPERTY BUT ALSO INSTIGATED ME IF I WANT MY STUFF BACK I GOTTA GET IT THE STREET WAY" AND THAT HE WANT ME TO GIVE HIM A EARLY VACATION BY HANDLING IT THE STREET WAY

Action Requested by Inmate

ALL MY COMMISSARY ITEM BE RETURNED OR REIMBURSE, AS CORRECTIONAL OFFICER NORTON HAD NO LEGAL RIGHT TO TAKE MY PERSONAL PROPERTY. I WANT CAPT. NORTON INVESTIGATED AND

WRITTEN UP FOR VIOLATING DOE RULES AND MY PROPERTY.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?
Do you need the IGRP staff to write the grievance or request for you?
Have you filed this grievance or request with a court or other agency?
Did you require the assistance of an interpreter?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Inmate's Signature: Warren LancasterDate of Signature: 9-2-15

Time Stamp Below:

2015 SEP 11 4

Grievance and Request Reference #:

Category:

NON - Grievable - Harassment

Inmate Grievance and Request Program Staff's Signature:

Exhibit 9 , Four Pgs. Supreme Court

State Of New York

RECEIVED
SONY DOCKET UNIT

2018 SEP 14 PM 4:29

Shawn July aka Warren Lancaster :
(Petitioner) :

v.

C. Saunders, Warrden, and :
Richard A. Brown, Dist. Attorney:

(Respondents) : Doc. No. 99Q022661

WRIT OF HABEAS CORPUS

TO THE HONORABLE, JUDGES OF SAID COURT:

AND NOW comes, Petitioner, Shawn July aka Warren Lancaster, in propria persona, and hereby moves this Honorable Court to grant a Writ of Habeas Corpus, and avers the following in support thereof:

1. Petitioner is detained and restrained of his liberty in a New York Correctional facility, Vernon C. Bain Center (VCBC), located at One (1) Halleck Street, Bronx, New York, 10474.
2. The underlying basis for petitioner's detention stems from criminal charges that arose May 9th, 1999. (Possession of a Controlled Substance in the Third Degree pursuant to Penal Law Section 220.16).
3. Petitioner was previously and continuously incarcerated in Trenton, New Jersey since May 14th, 1999 until May 5th, 2015.
4. The City of New York knew petitioner was incarcerated in New Jersey the entire time as a detainer was lodged.
5. Petitioner filed an Interstate Agreement on Detainers (IAD) Motion in order to resolve this matter on November 14th, 2014.

6. The basis for the Writ of Habeas Corpus is pursuant or in accordance with two (2) legal claims.

A.) There was never any probable cause for petitioner's arrest.

B.) The Court failed to bring petitioner to trial pursuant or in accordance with CPLR 7001-7012.

8. On May 9th, 1999, petitioner was visiting friends in New York.

8. Law enforcement officials arrived, in which, upon entry to the friend's home (where approx. 8 other individuals were present) they searched and/or found a small amount of drugs.

9. The owner of the home-immediately-took responsibility for the drugs found and informed the officers that no one else had knowledge of said drugs.

10. The officers then informed everyone that they were not worried about the drugs, but wanted to speak to the petitioner and another individual present about a crime that had occurred sometime in the recent past.

11. Petitioner was then detained for seventy-two (72) hrs. at the Queens Borough precinct in which he was questioned about the other crime. Petitioner informed the officers that he was from NJ and knew nothing about the crime as he just arrived in NY the day of his detainment.

12. Petitioner avers that at the end of the (72) hours detainment he was then taken in front of a Judge where he then learned that he was being charged with the drugs that were found on his friends.

13. It is important to note that, no other individual (including the owners of the home) were ever charged with the drugs.

14. Petitioner avers that without any evidence of petitioner having knowledge of the drugs that were found on his friends that, "mere presence at the scene of a crime is not a crime in itself."
15. Petitioner avers that the Court or Respondents also failed to bring petitioner to trial or start his trial within the 120 days as required by law.
16. Even though the law requires that petitioner must be brought to trial within six (6) months, the law requires under CPL Section 580.20 Art. IV. subd.(c), states that, "trial must be started within a 120 days, from the time the petitioner is returned."
17. Moreover, petitioner asserts that, as of this day, petitioner has still not been brought to trial.

WHEREFORE, the petitioner respectfully Orders that this Court grant this Writ of Habeas Corpus due to the lack of probable cause to arrest petitioner, and pursuant to or in accordance with CPLR Sect. 7001-7012, due to the Court or Respondents' failure to start trial within a 120 days after petitioner's arrival back to the Borough of Queens, New York State, and for any further relief this Court may deem just and/or proper.

DATED: Aug. 27, 2015

Respectfully Submitted,

Shawn July
Shawn July aka Warren
Lancaster
One Halleck Street
Bronx, NY 10474

PROOF OF SERVICE

RECEIVED
SDNY DOCKET UNIT

2018 SEP 14 PM 4:29

I, Shawn July aka Warren Lancaster, do hereby certify that a true and correct copy of the foregoing was served on the Prothonotary, Clerk of Courts, Supreme Court, New York.

DATED: Aug. 27, 2015

Shawn July

Shawn July aka Warren
Lancaster

Exhibit 10 , Four Pgs.



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Form Version: NYC-COMPT-BLA-PD1-M

Property Damage or Loss Claim Form

Claim must be filed *in person or by registered or certified mail within 90 days of the occurrence* at the NYC Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be *notarized*. If claim is not resolved within *1 year and 90 days of the occurrence*, you must start legal action to preserve your rights.

TYPE OR PRINT

I am filing: ☒ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

☐ Attorney is filing.

Attorney Information (If claimant is represented by attorney)

Last Name:
First Name:
Relationship to the claimant:

Firm or Last Name:
Firm or First Name:
Address:
Address 2:
City:
State:
Zip Code:
Tax ID:
Phone #:
Email Address:

Claimant Information

*Last Name: LANCASTER
*First Name: WARREN
Address: VERNON C BAIN CENTER
Address 2: 1 HALLECK STREET, (1BA)
City: BRONX, NEW YORK 10474
State: N.Y.
Zip Code: 10474
Country:
Date of Birth: 10-30-1977 Format: MM/DD/YYYY
Soc. Sec. #:
HICN:
(Medicare #)
Date of Death: Format: MM/DD/YYYY
Phone:
Email Address:
Occupation:
City Employee? ☐ Yes ☒ No ☐ NA
Gender ☒ Male ☐ Female ☐ Other



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

The time and place where the claim arose

Property Clerk
Voucher Number:
District Attorney
Release Number:

*Date of Incident: **AUGUST 31, 2015** Format: MM/DD/YYYY
Time of Incident: **BETWEEN 11am & 1pm** Format: HH:MM AM/PM

Address:
Address 2:
City:
State:
Borough:

*Location of Incident:

VERNON C BAIN CENTER
1 HALLECK STREET(1BA)
BRONX, NEW YORK 10474

*Manner in which claim arose:

Attach extra sheet(s) if more room is needed.

ON AUGUST 31, 2015 DURING A HOUSING AREA SEARCH MY PERSONAL PROPERTY WAS ILLEGALLY TAKEN BY CORRECTIONAL OFFICER, CAPTAIN NORTON. NORTON NOT ONLY UNLAWFULLY TOOK MY PERSONAL PROPERTY (MAINLY A BUCKET FULL OF COMMISSARY FOOD AND HYGIENE ITEMS

NORTON ALSO DAMAGE A NUMBER OF MY MAGAZINE PUBLICATIONS BY THROWING AN OPEN PACK OF COFFEE ON THE MAGAZINES PAGES CAUSING THE MAGAZINE TO BE DAMAGE.

The items of damage claimed are (include dollar amounts):

Attach extra sheet(s) if more room is needed.

THE SUM OF ONE HUNDRED AND TWENTY DOLLARS (\$120.00) IN THE VALUE OF COMMISSARY ITEMS, AND THIRTY DOLLARS (\$30.00) IN DAMAGES TO MY MAGAZINE PUBLICATION.



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Witness 1 Information

Last Name: JACKSON
First Name: JEFFREY #9801500593
Address: VERNON C. BAIN CENTER
Address 2: 1 HALLECK STREET
City: BRONX
State: NEW YORK
Zip Code: 10474

Witness 4 Information

Last Name: Pickering
First Name: Demtrios #2101500355
Address: Vernon C. Bain Center
Address 2: 1 Halleck Street
City: Bronx
State: New York
Zip Code: 10474

Witness 2 Information

Last Name: [REDACTED] BROWN
First Name: HASSAN 2101500574
Address: VERNON C. BAIN CENTER
Address 2: 1 HALLECK STREET
City: BRONX
State: NEW YORK
Zip Code: 10474

Witness 5 Information

Last Name:
First Name:
Address:
Address 2:
City:
State:
Zip Code:

Witness 3 Information

Last Name: SIMON
First Name: RAHEEM 2411502965
Address: VERNON C. BAIN CENTER
Address 2: 1 HALLECK STREET
City: BRONX
State: NEW YORK
Zip Code: 10474

Witness 6 Information

Last Name:
First Name:
Address:
Address 2:
City:
State:
Zip Code:

Police Information

Police Officer Last Name:
Police Officer First Name:
Shield Number:
Precinct:
Report Number:

Please indicate which of the following reports you have

- ☐ Accident Report
☐ Aided Report
☐ Complaint Report



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Insurance Information

Do you have insurance? ☐ Yes ☐ No

Did you report your accident to your insurance company? ☐ Yes ☐ No

Were you paid by your insurance company? ☐ Yes ☐ No

Is payment pending? ☐ Yes ☐ No

Deductible Amount:	
Insurance Company Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Policy #:	
Phone #:	
Agent Name:	

City vehicle information

Plate #:

City Driver Last Name:

City Driver First Name:

*Total Amount Claimed:

Format: Do not include "\$" or ".".

SEP. 8, 2015
Date

Warren Lancaster
Signature of Claimant

State of New York
County of

I, Warren Lancaster, being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

Signature of Claimant Warren Lancaster

Sworn before me this day 8th. of September, 2015
Signature of notary Jose L. Pimentel

Jose L. Pimentel
Notary Public State of NY
No 03-48571-1
Qualified in Bronx County
Commission Expires Sept 30, 2017

Exhibit 11, Six Pgs.



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Form Version: NYC-COMPT-BLA-P11-M

Personal Injury Claim Form

Claim must be filed *in person* or by *registered* or *certified mail* within 90 days of the occurrence at the NYC Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be *notarized*. If claim is not resolved within 1 year and 90 days of the occurrence, you must start legal action to preserve your rights.

TYPE OR PRINT

I am filing: ☒ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

First Name:

Relationship to the claimant:

☐ Attorney is filing.

Attorney Information (if claimant is represented by attorney)

Firm or Last Name:

Firm or First Name:

Address:

Address 2:

City:

State:

Zip Code:

Tax ID:

Phone #:

Email Address:

Claimant Information

*Last Name:

*First Name:

Address 2:

City:

State:

Zip Code:

Country:

Date of Birth:

Soc. Sec. #

HICN:

(Medicare #)

Date of Death:

Phone:

Email Address:

Occupation:

City Employee? ☐ Yes ☒ No ☐ NAGender ☒ Male ☐ Female ☐ Other

*Last Name:	LANCASTER #4411503627	
*First Name:	WARREN (A.K.A) SHAWN	
Address 2:	JULY #26701SC-140161	
City:	NEW JERSEY STATE PRISON	
State:	P.O. Box 861, TRENTON	
Zip Code:	NEW JERSEY	
Country:	08625	
Date of Birth:	10-30-77	Format: MM/DD/YYYY
Soc. Sec. #		
HICN:		
(Medicare #)		
Date of Death:		Format: MM/DD/YYYY
Phone:		
Email Address:		
Occupation:		



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

The time and place where the claim arose

*Date of Incident:

10-28-15

Format: MM/DD/YYYY

Time of Incident:

10-28-15

Format: HH:MM AM/PM

*Location of Incident:

VERNON C. RAIN CENTER
1 HALLACK STREET
BRONX, N.Y. 10474

Address:

Address 2:

City:

State:

Borough:

*Manner in which claim arose:

Attach extra sheet(s) if more room is needed.

I WARREN LANCASTER #4411503627 a.k.a. SHAWN JULY #140161-2670154 ON MAY 9, 1999, I WAS ILLEGALLY DETAINED UNDER THE CUSTODY OF NEW YORK POLICE DEPARTMENT (N.Y.P.D.) COMMAND 101 (PRESENT) THE OFFICER WHO UNLAWFULLY BROUGHT ME INTO CUSTODY WAS OFFICER PIZARRO, SHIELD #04910 under arrest I.D.#Q99023828. WITH OUT A WARRANT OR PROBABLE CAUSE, OFFICER PIZARRO UNLAWFULLY DETAINED ME IN A HOLDING CELL OF THE 101 PRESENT FOR THREE (3) days. On the third day charges against me was file, (CRIM. POSS. OF CONT. SUBST. 220.6). I LATER POSTED BAIL ON THE CHARGE IN QUESTION.

SOON AFTER I WAS ARRESTED IN THE STATE OF N.J. ON AN UNRELATED INCIDENT. IN 2000 WHILE IN PRISON IN N.J. A MOTION WAS SUBMITTED ON MY BEHALF REQUESTING A SPEEDY TRIAL UNDER \$30.30 SO THAT I CAN BE RETURN TO QUEENS COUNTY ON THE MATTER IN QUESTION. ON NOVEMBER 14, 2014 A REQUEST WAS MADE IN ACCORDANCE WITH THE INTERSTATE AGREEMENT ON DETAINER (IAD) \$80.20 article III. THE QUEENS COUNTY CAME TO EXECUTE THE WARRANT ON THE 5th DAY OF MAY 2015, AT WHICH TIME I WAS DELIVERED FOR TEMPORARY CUSTODY OF QUEENS COUNTY DISTRICT ATTORNEY, AND WAS DETAINED AT THE VERNON C. BAIN CENTER, 1 HALLACK ST.; BRONX N.Y. 10474.

(CONTINUED ON ATT. PAGE(S) (22))

The items of damage or injuries claimed are (include dollar amounts):

Attach extra sheet(s) if more room is needed.

FOR THE "EMOTIONAL DISTRESS" AND "PAIN AND SUFFERING WHICH I ENDURED AS A RESULT OF THE VIOLATION OF MY CIVIL RIGHTS BY BEING UNLAWFULLY IMPRISONED, AND MALICIOUSLY PROSECUTED, AND UNLAWFULLY DETAINED FOLLOWING THE DISMISSAL OF MY CASE.

I CLAIM DAMAGE FOR INJURIES IN THE AMOUNT OF \$100,000.00 ONE HUNDRED THOUSAND DOLLARS.

CONT. FROM PAGE #2.

ON SEPTEMBER 28, 2015, THE MATTER OF PEOPLE V. WARREN LANCASTER DOCKET#99Q022661 WAS DISMISSED.

THE QUEENS COUNTY DISTRICT ATTORNEY, RICHARD A. BROWN AND ALL DISTRICT ATTORNEIES OF THE SAME OFFICE AND HAVING INVOLVEMENT WITH THIS MATTER DENIED CLAIMANT OF MY CIVIL RIGHTS BY UNLAWFULLY IMPRISONMENT, AND FOR MALICIOUS PROSECUTION.

DESPITE, THE DISMISSAL OF THE CHARGES IN QUEENS COUNTY I THE CLAIMANT WAS STILL DETAINED AND RESTRAINED UNLAWFULLY UNDER THE COUNTY OF NEW YORK CITY CORRECTIONAL FACILITY V.C.B.C LOCATED AT 1 HALLACK ST.; BRONX N.Y. 10474.

ON SEPTEMBER 3, 2015, CLAIMANT SPOKE TO A DEPARTMENT CAPTAIN NORTON CONCERNING MY UNLAWFUL DETENTION, AND I WAS TOLD THAT N.Y.C.D.O.C. WAS GONNA MAKE ME SUFFER" BY THE CAPTIN.

THE QUEENS DISTRICT ATTORNEY, RICHARD A. BROWN AND ALL DISTRICT ATTORNEIES OF THE SAME OFFICE AND HAVING INVOLVEMENT WITH THIS MATTER CONSPIRED WITH THE WARDEN Saunders, AND SECURITY CAPTAIN NORTON AS WELL AS OTHERS CORRECTIONAL OFFICIAL TO UNLAWFULLY KEEP ME IN CUSTODY OF NEW YORK CORRECTIONAL SYSTEM AFTER ALL PENDING CHARGES AGAINST ME WAS DISMISSED.

THE QUEENS COUNTY BAIL OFFICE REFUSE TO RETURN THE BAIL MONEY THAT WAS POSTED IN THE MATTER OF PEOPLE V. WARREN LANCASTER DOCKET # 99Q022661.



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Medical Information:

1st Treatment Date:		Format: MM/DD/YYYY
Hospital/Name:		
Address:		
Address 2:		
City:		
State:		
Zip Code:		
Date Treated in Emergency Room:		Format: MM/DD/YYYY
Was claimant taken to hospital by an ambulance?		
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA		

Employment Information (If claiming lost wages).

Employer's Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Work Days Lost:	
Amount Earned Weekly:	

Treating Physician Information

Last Name:	
First Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Witness 1 Information

Last Name:	JACKSON
First Name:	JEFFREY #9801500593
Address	VERNON C. BAIN CENTER
Address 2:	1 HAILECK ST.
City:	NEW YORK BRONX
State:	NEW YORK
Zip Code:	10474

Witness 2 Information

Last Name:	BROWN
First Name:	HASSAN #2101500574
Address	VERNON C. BAIN CENTER
Address 2:	1 HAILECK ST.
City:	BRONX
State:	NEW YORK
Zip Code:	10474

Witness 3 Information

Last Name:	SIMON
First Name:	RAHEEM #2411500965
Address	VERNON C. BAIN CENTER
Address 2:	1 HAILECK ST.
City:	BRONX
State:	NEW YORK
Zip Code:	10474

Witness 4 Information

Last Name:	PICKERING
First Name:	DEMETRIOS #2161500355
Address	VERNON C. BAIN CENTER
Address 2:	1 HAILECK ST.
City:	BRONX
State:	NEW YORK
Zip Code:	10474

Witness 5 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Witness 6 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Complete if claim involves a NYC vehicle

Owner of vehicle claimant was traveling in

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Insurance Information

Insurance Company Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	
Policy #:	
Phone #:	

Description of claimant:

☐ Driver ☐ Passenger
☐ Pedestrian ☐ Bicyclist
☐ Motorcyclist ☒ Other

Non-City vehicle driver

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Non-City vehicle information

Make, Model, Year of Vehicle:	
Plate #:	
VIN #:	

City vehicle information

Plate #:	
City Driver Last Name:	
City Driver First Name:	

*Total Amount Claimed:

100,000.00

Format: Do not include "\$" or "%"

11/16/15

Date

Warren Lancaster
Signature of Claimant

State of New York
County of Brent

I, WARREN LANCASTER, AKA SHAWN JULY, being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof; that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

WILLIAM M. LEONARD
NOTARY PUBLIC OF NEW JERSEY
ID # 2446889
My Commission Expires 5/23/2019

Sworn before me this day

11/16/15

Signature of Claimant

Warren Lancaster

Signature of notary

W.M. Leonard

* Denotes required field(s).

THE UNITED STATES DISTRICT COURT

THE SOUTHERN DISTRICT OF NEW YORK

Shawn July
(Plaintiff)

v.

New York City et al.,
(Defendant(s)):
:
:
:
:
:

Civil Action No. _____

RECEIVED
SDNY DOCKET UNIT
2018 SEP 14 PM 4:29NOTICE OF A LAWSUIT AND REQUEST TO WAIVE SERVICE OF SUMMONS

TO: _____

(Name of defendant or-if defendant is corporation, partnership,
or association-an officer authorized to receive service.)

Why are you getting this?

A lawsuit has been filed against you, or the entity you represent, in this court under the number shown above. A copy of the complaint is attached.

This is not a summons, or an official notice from the court. It is a request that, to avoid expenses, you waive formal service of a summons by signing and returning the enclosed waiver. To avoid these expenses, you must return the signed waiver within days (give at least 30 days, or at least 60 if the defendant is outside any judicial district of the United States) from the date shown below, which is the date this notice was sent. Two copies of the waiver form are enclosed, along with a stamped, self-addressed envelope or other prepaid means for returning one copy. You may keep the other copy.

What happens next?

If you return the signed waiver, I will file it with the court. The action will then proceed as if you had been served on the date the waiver is filed, but no summons will be served on you and you will have 60 days from the date this notice is sent (see date below) to answer the complaint (or 90 if this notice is sent to you outside any judicial district of the United States).

If you do not return the signed waiver within the time indicated, I will arrange to have the summons and complaint served on you. And I will ask the court to require you, or the entity you represent, to pay the expenses of making service.

Please read the enclosed statement about the duty to avoid unnecessary expenses.

I certify that this request is being sent to you on the date below.

Date: _____

Signature of party

WAIVER OF SERVICE OF SUMMONS

TO: United States Marshal's Service

I acknowledge receipt of your request that I waive service of a summons in the action of _____ vs. _____ which is case number _____ in the United States District Court for the Southern District of New York. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after _____ (date, request was sent), or within 90 days after the date if the request was sent outside the United States.

Date; _____

Signature

Printed/Typed Name _____

Title if any: _____

Counsel for: _____



CORRECTION DEPARTMENT
CITY OF NEW YORK



HEARING REPORT AND NOTICE OF
DISCIPLINARY DISPOSITION

Page 2
of
2 Pages

Form: 6500D
Rev.: 02/09/07
Ref.: Dir. #6500R-B

DOCUMENTARY EVIDENCE (Where applicable)

Photograph of Injury:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6500 AB	Shown to Inmate:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Photocopy of Weapon:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Shown to Inmate:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reports - Specify Types:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Witness use of force report	Shown to Inmate:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Logbooks - Specify Types:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Use of force reports	Shown to Inmate:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Infraction Investigation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Injury report	Shown to Inmate:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Physical Evidence (List):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Shown to Inmate:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Witness Statements (List Witnesses):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Shown to Inmate:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

On this date and time following disposition was reached after a hearing on the charges listed below:

10-9-15

Charge #	Dismissed	Guilty	Penalty	Basis for Findings & Evidence Relied On
120-10	X	✓	Reprimand	Based on Captain Santos 1179 6500A report, Captain Vasquez 174 6500 eyewitness account, investigating Capt Vega 180 6500 B report,
110-10	X	✓	Reprimand	use of force reports, witness use of force reports and injury report, along
101-10	✓	X	X	with you plead not guilty and your testimony.
				I find you guilty and the charges were substantiated

Twenty Five Dollar (\$25) Disciplinary Surcharge Grade I or Grade II offenses only: ☒ Yes ☐ No

If you have been found guilty of multiple rule violations, these penalties will be served: NA ☐ Consecutively ☐ Concurrently

Infraction Dismissed: ☐ Yes ☒ No

Reason:

Pre-Hearing Detention Time Credit: X Days.

Adjudication Captain (Print Name, Rank, Shield #):

K. Wiley Capt 98

Signature of Adjudication Captain:

K. Wiley

You have the right to appeal an adverse decision rendered by the Adjudication Captain within two (2) days of service of this decision. If you have been sentenced to a total of thirty (30) days or more of punitive segregation or loss of all your good time on any one (1) Notice of Disciplinary Disposition (6500D), your appeal shall be forwarded to the General Counsel in the Legal Division. Within five (5) business days of the receipt of your appeal, you will receive a written decision from the General Counsel regarding such appeal unless further documentation/information is required by the General Counsel to decide your appeal. In those cases, the five (5) business day time limit shall be extended and the reasons for the extension will be noted on the General Counsel's decision to you. If you receive an unfavorable decision from the General Counsel or you do not receive a decision from the General Counsel within ten (10) business days of receipt of your appeal, you may file a petition for a writ under Article 78 of the CPLR. If you are sentenced to less than thirty (30) days punitive segregation or loss of less than all your good time, you may appeal that decision to the Warden of the facility where the infraction occurred.

I certify that I received a copy of this notice:

Signature of Inmate:

Edward Sanchez

B&C/Sentence #:

241500627

Date:

10/13/15

Time:

1255

Served by (Print Name, Rank and Shield #):

Neene Corbelli

Signature of Server:

Ne

Refused to Sign for Notice:

☐ Yes ☒ No

Witnessed By:

Ad. Waived for all Staff involved Witness or Use of Force Reports

CORRECTION DEPARTMENT
CITY OF NEW YORKHEARING REPORT AND NOTICE OF
DISCIPLINARY DISPOSITIONPage 1
of
2 PagesForm: 6500D
Rev.: 02/09/07
Ref.: Dir. #6500R-B

Infraction #: 61015 Institution: NCBC

Inmate Name (Last, First): Lancaster Warren B&C/Sentence #: 441503627 NYSID #: 09216839M

Location: 1B3 Disposition Date: 9-29-15 Disposition Time: 1610 Hrs

Adjudication Captain (Print Name, Rank & Shield #): Capt K. Willey 98

Tape Data (Tape #): E-25 Counter # at Start: Anchor Counter # at End: Anchor

Inmate's Accompanying card indicates Inmate Received Rule Book: ☒ Yes ☐ No

Inmate requested Witness(es): ☒ Yes ☐ No ☐ Waived ☐ Request Granted ☐ Denied (If waived, Inmate must sign. If denied, state reason.)

Reason: 1

Inmate requested Hearing Facilitator: ☐ Yes ☒ No ☐ Waived ☐ Request Granted ☐ Denied (If yes, Hearing Facilitator must sign. If waived, Inmate must sign. If denied, state reason.)

Reason:

Inmate Requested Interpreter: ☐ Yes ☒ No ☐ Waived ☐ Request Granted ☐ Denied (If yes, Interpreter must sign. If waived, Inmate must sign. If denied, state reason.)

Reason:

If inmate advised of right to remain silent was inmate advised that statements could be used against him/her. ☒ Yes ☐ No ☐ Not Applicable

Special Situations

Hearing In Absentia: ☐ Inmate Refused to Appear ☐ Removed from Hearing Due to

Adjournment: ☐ By Adjudication Captain Date Reconvened 10 17 15 1015 hrs Specify Reason: Audio D-011
☐ By Inmate Waived Time Limits to Facilitate Adjournment (Inmate Signature) by Capt K. Willey

Referral: ☐ Security ☐ Mental Health ☐ Inspector General

Inmate Pled: ☐ Guilty ☒ Not Guilty ☐ Guilty with an Explanation

Summary of inmate's Testimony: After the search was over the officers had an incident with another inmate. then they sprayed him, another inmate got up (Lugo) say that's not right then they sprayed him, I got up because I was choking I wasn't involved with anything and then they sprayed me

The following witness(es) testified at your hearing. (If additional witnesses testified, attach additional sheets.)

Witness Name (Last Name, First Name): Bigland, William Rank/Title, Shield/ID # (if staff), B&C/Sentence # (if inmate): 2411-13-03609 1AD

Witness Signature (Present at Hearing): [Signature] 2411203609

Witness testified in the presence of the charged inmate: ☒ Yes ☐ No If no, state reason:

Summary of Testimony: They had an incident with the first inmate (Avila) then came in and then Lugo got upset and stood up and they sprayed him and then spray must have gotten on Lancaster, he came he stood up and then the other officer sprayed him from the side. then they took them out

Testimony was: ☒ Credited ☐ Rejected Reason:




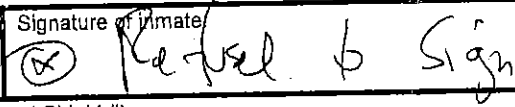
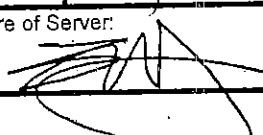
Witness Name (Last Name, First Name): Cabezas, Dustin Rank/Title, Shield/ID # (if staff), B&C/Sentence # (if inmate): 113-15-00307 1AB

Witness Signature (Present at Hearing): [Signature] 113-15-00307

Witness testified in the presence of the charged inmate: ☒ Yes ☐ No If no, state reason:

Summary of Testimony: The officer had an incident with the first inmate (Avila) then and then Lancaster said why f---ing that and then they sprayed and the whole dorm was laughing and they took them out

Testimony was: ☒ Credited ☐ Rejected Reason:

		CORRECTION DEPARTMENT CITY OF NEW YORK			
REPORT AND NOTICE OF INFRACTION				Form: 6500A Rev.: 02/09/07 Ref.: Dir. #6500R-B	
Infraction #:		Institution: VCBC		Date of Incident: 09-16-15	
Inmate Name (Last, First): Lancaster, Warren		B&C/ Sentence #: 441-15-03627		Date of Report: 09-16-15	
Location of Incident (Be Specific): 1B B-side Dorm Area		Housing Area Location 1B		NYSID #: 09216839M	
Charge #(s) 101.10 110.10		Offense(s): Attempted Assault on Staff Disrupting Institutional Programs (Search)		Charge #(s) 120.10 117.10	
Reporting Official (Print Name, Rank and Shield): Captain Santos #1179		Offense(s): Refusing direct orders Inmate Movement		Reporting Official (Signature): 	
Details of Incident (Include Details as to How, When and Where Infraction was Committed: AS reported by Captain Vismale #174, On September 16, 2015 at approx. 0640 hours in Unit 1BB, upon completion of a Divisional Search in the dorm, all inmates were instructed to remain seated on their bed until the completion of sanitation. At this time inmate Avilaez, Jose #241-15-06646 sat up on his bed and stated "fuck that, now you all want to be tough that everybody left" and put his sneakers on. Inmate Avilaez then stood up and advanced towards Captain Vismale. C.O. Wallace #18025 who was in the immediate area, blocked inmate Avilaez from approaching Captain Vismale and used an upper body control hold and secured inmate Avilaez on the wall. C.O. Arias #3856 assisted by placing inmate Avilaez in handcuffs. At this time inmate Lugo, Jacob #241-15-02384 and Lancaster, Warren #441-1503627 got out of their assigned beds and approached staff in an attempt to assist inmate Avilaez. Captain Vismale ordered inmate Lugo and Lancaster to return to their beds and they did not comply. Emergent response team was situated outside of the housing unit and was summoned by Captain Vismale to assist. ESU entered and C.O. Lamar #18472 ordered inmates Lugo and Lancaster to return to their beds and they refused. C.O. Lamar then dispersed chemical agents to the face of inmate Lugo and C.O. Cai #18404 dispersed chemical agent towards the face of inmate Lancaster who took his mattress and blocked the chemical agent. C.O. Alasan then assisted and dispersed chemical agent to inmate Lancaster which had the desired effect. Said inmates were placed in mechanical restraints and escorted out of the housing unit to the intake to begin decontamination without incident.					
At this time inmate you are entitled to a hearing for this infraction no sooner than twenty-four (24) hours after you are served with this Notice. If you are a sentence inmate and you commit an infraction within twenty-four (24) hours prior to your discharge, and have not reached your maximum sentence expiration date, you may be served with charges and held for a hearing. The Department will make every effort to hold this hearing within three (3) business days of the service of this notice. This three (3) business day period excludes the day you are served, weekends, holidays, days you go to court (whether in person or via teleconference), days you are hospitalized or at a hospital attending a clinic, days you leave the facility for an attorney interview, days you are unavailable because you are transferred to another facility and days you are unavailable due to your absence from the facility for any purpose. The three (3) business day period is automatically extended by one (1) business day if you are transferred to another facility prior to your hearing (unless you are a Pre-Hearing Detention Inmate). Commencement of a hearing after three (3) business days is at the discretion of the Adjudication Captain and is not barred by Department rules.					
At your hearing you have the following rights: 1. Right to appear personally, unless you waive your right to appear, refuse to attend the hearing or appear at the hearing and become disruptive. 2. Right to make statements. If you choose to remain silent, your silence cannot be used against you. If you make a statement, such statement cannot be used in a subsequent criminal trial unless you have been given a Miranda Warning and then voluntarily testify. 3. Right to present material evidence. 4. Right to present witnesses. 5. Right to assistance of a Hearing Facilitator if the Adjudication Captain deems one is necessary. 6. Right to an interpreter if you cannot communicate well enough in English. 7. Right to appeal.					
Within twenty-four hours of the Adjudication Captain reaching a decision of guilty, you will receive a copy of the "NOTICE TO INMATE OF DISCIPLINARY HEARING DISPOSITION" form informing you of the violation(s) you are found guilty of, the basis for that finding, the evidence relied upon and the penalty to be imposed upon you. The following penalties are the maximum which may be imposed individually or in any combination: 1. Reprimand, 2. Loss of all privileges, 3. Loss of all good time if you are a sentence inmate, 4. Punitive segregation for up to ninety (90) days per each applicable individual charge, 5. Restitution for the intentional destruction of City property. A twenty five (25) dollar disciplinary surcharge will be imposed on all inmates found guilty of a Grade I or Grade II offense. You have the right to appeal an adverse decision rendered by the Hearing Officer.					
Interpreter Requested: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, include What Language) _____					
Hearing Facilitator Requested: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Witnesses Requested: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, include witness(es) Name, Book and Case Number (if inmate) or Shield /ID (if staff) and location (if inmate) or Post (if staff). Witness (Print Name.): _____ Number: _____ Location: _____ Witness (Print Name.): _____ Number: _____ Location: _____ Witness (Print Name.): _____ Number: _____ Location: _____ Witness (Print Name.): _____ Shield/ ID Number: _____ Post: _____					
I certify that I received a copy of this notice:		Signature of Inmate: 		Date: 09-21-15	
Served by (Print Name, Rank and Shield #): VEGA CMT- #1800		Time: 1055 Hrs. Signature of Server: 			

Witnessed by X4MOMI
INMATE FACILITY COPY

RECEIVED UNIT
SOFT DOCKET UNIT
2009 SEP 14 PM 4:28
CLEARING OFFICE
UNIT 7

2253

TO: CLERK, U.S.D.C.
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF
NEW YORK
500 PEARL STREET
NEW YORK, NY 10017-1312

SECRET